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PLACE OF BIRTH
 1. County of Apache
 District of St. Johns
 Town of St. Johns
 or
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 1
 Co. Registrar No. _____
 Local Registrar No. 1

2. Full name of child Neal Hamblin Shreve } If child is not yet named, make supplemental report, as directed

3. Sex of child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Jan 1, 1927 (Month, day, year)

8. Full name of FATHER James Sidney Shreve 14. Full maiden name of MOTHER Tammy G. Hamblin

9. Residence (Usual place of abode) St. Johns Ariz. 15. Residence (Usual place of abode) St. Johns Ariz.
 If nonresident, give place and State

10. Color or race White 11. Age at last birthday 30 (Years) 16. Color or race White 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) St. Johns Ariz. 18. Birthplace (city or place) Alpine Ariz.
 (State or country)

13. Occupation Barber 19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 PM on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mrs. Margaret J. Davis
 Address St. Johns, Arizona

Given name added from a supplemental report. (Month, day, year) 525-101-385
 Registrar.

Filed Feb 6, 1927 Local Registrar.
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